

Name of Group:		
Book Group Library Card Number:		
Coordinator Name:		
Coordinator Library Card Number:		Current Goulburn Library Member <input type="checkbox"/>
Phone (h):	Phone (w):	Mobile:
Address:		
Email:		
Alternative Contact:		
Name:		Phone:
Email:		
The group wishes to receive library notices and reminders via: <input type="checkbox"/> SMS <input type="checkbox"/> email		

Please note: All the books will be delivered to Goulburn Library only and will be held in the name of the group. Kits will not be accepted for return if all parts are not present.

As Book Group Coordinator I agree to the following terms and conditions:

- I am a Goulburn Mulwaree Library Member
- I am over 18 years of age.
- I will co-ordinate Book Group meetings, discussions and the reading timetable.
- I will register the reading group annually and nominate an alternative group contact person.
- I will provide a list of titles required for the year to the Library Book Group Administrator.
- I will pick up and return complete kits by the due date & within opening hours.
- I acknowledge that kits will not be accepted for return if all parts are not present.
- I will take responsibility and promptly arrange payment for any lost or damaged items according to the GML Membership & Access Policy.
- I will take responsibility for the Book Group Library card and ensure card is presented for all transactions made on the card.
- I will observe general membership and access conditions, including advising the Library of any changes to the Coordinator or other contact details.

Signature:

_____ **Date** _____

Dates of all meetings for 20____ (Please give exact date of meeting)

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

Please indicate every meeting date for your group during the year. If your group will not distribute a Library Book Group Kit at a particular meeting date please mark that date with an asterisk *

Please select your option:

Our book group will **distribute** the first title of the year at our first meeting. Please have it ready for collection a week prior to this meeting.

Our book group will **discuss** the first title of the year at our first meeting.
We need to collect the Kit by _____

Titles Selected for 20____:

NB: Information regarding titles available can be found at www.gmlibrary.com.au

(Do not specify the month; books will be assigned as available. This list is not taken as an order of priority. Please select sufficient titles for all meetings requiring a Book Group Kit, as well as one or two additional titles in the event a particular title is not available)

	Kit No.	Kit Title	Kit Author	Office
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Please submit your completed form to Goulburn Mulwaree Library

Library staff member to complete:

Date form submitted	Staff signature
---------------------	-----------------

Library coordinator use only:

Date Selections recorded	
Date Confirmation sent to Group Coordinator	
Date Spydus & Calendar Updated	